PART B - FEE(S) TRANSMITTAL

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CARELLA, BYRNE, BAIN, GILFILLAN, CECCHI, STEWART & OLSTEIN 6 Becker Farm Road Roseland, NJ 07068			Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
03/13/2007 RMEBRAH1 00000052 09848377			ALAN J.	GRANT	(Depositor's name)
01 FC:1501 1400.00 GP 02 FC:1504 300.00 GP			Cela 7 M	Ach 2007	(Signature) (Date)
APPLICATION NO. FILING D	ATE 00 OF	FIRST NAMED INVEN	TOR	ATTORNEY DOCKET NO	. CONFIRMATION NO.
09/848,377 05/03/2 FITLE OF INVENTION: COMBINATION APPLN. TYPE SMALL ENTITY	THERAPY OF RESPIRATO	Gregory Prince DRY DISEASES USING			
nonprovisional NO	\$1400	\$300	\$0	\$1700	04/10/2007
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EXAMINER ART UNIT HILL, MYRON G 1648		CLASS-SUBCLASS			
HILL, MYRON G 1648 424-211100 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list					
CFR 1.363). Change of correspondence address (or	(1) the names of u	(1) the names of up to 3 registered patent attorneys			
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address") are recent) a Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)					
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.					
(A) NAME OF ASSIGNEE 1. MedImmune, Inc. (B) RESIDENCE: (CITY and STATE OR COUNTRY) Gaithersburg, Maryland					
2. Virion Systems, Inc. Rockville, Maryland					
Please check the appropriate assignee catego	ry or categories (will not be p	orinted on the patent):	☐ Individual ☐ Co	rporation or other private	group entity Government
4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Sissue Fee					
5. Change in Entity Status (from status ind					
☐ a. Applicant claims SMALL ENTITY NOTE: The Issue Fee and Publication Fee (i	f required) will not be accente	ed from anyone other th		L ENTITY status. See 37 stered attorney or agent; or	
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.					